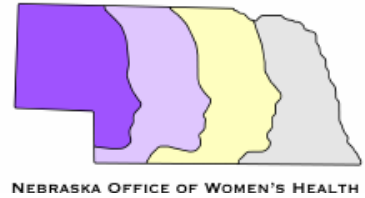


# CLAIM STATUS FORM

State of Nebraska, Department of Health and Human Services  
Office of Women's Health  
Every Woman Matters Program  
301 Centennial Mall South  
PO Box 94817  
Lincoln, NE 68509-4817  
PHONE: 1-800-532-2227 or 402-471-0929  
FAX: 402-471-0913

*Every Woman Matters*



*This transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., §68-313. If this information has been received in error, the recipient is directed to return to sender or destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.*

**The document will be reviewed and returned within 2 working days.**

**PROVIDER NAME:**

**Name of Contact Person:**

**Telephone Number:**

**Fax Number:**

Patient Name	DOB	DOS	CPT	Billing Amount	COMMENTS (EWM to complete this Section)

**To be completed by EWM Staff:**

**Date Received:**

**Date Completed:**

**By:**